

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D. H.</i>	<i>12193</i>	<i>11/4/99</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/10</i>
FORMALITY REVIEW	<i>Qu</i>	<i>64930</i>	<i>11-24</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
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42	0	0	
43	0	0	
44	0	0	
45	0	0	
46	0	0	
47	0	0	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
51	0	0	
52	0	0	
53	0	0	
54	0	0	
55	0	0	
56	0	0	
57	0	0	
58	0	0	
59	0	0	
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92	0	0	
93	0	0	
94	0	0	
95	0	0	
96	0	0	
97	0	0	
98	0	0	
99	0	0	
100	0	0	

Claim	Final	Original	Date
110	0	0	
112	0	0	
113	0	0	
114	0	0	
115	0	0	
116	0	0	
117	0	0	
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143	0	0	
144	0	0	
145	0	0	
146	0	0	
147	0	0	
148	0	0	
149	0	0	
150	0	0	

If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY